



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 21, 2008

M-08-08

TO: Members of the Board of Mechanical Rules
FROM: Tennison B. Barry, Chief, Mechanical Division
SUBJECT: Appeal Request for

APPLICANT REPRESENTATIVE:

Paul Hart

PROJECT:

Not applicable.

AUTHORITY:

The Forbes Mechanical Contractors Act of 1984 as Amended, being Act 192 of the Michigan Compiled Laws.

REQUEST:

Requesting an appeal to sit for the Mechanical Contractors Examination.

APPLICABLE RULE:

R 338.903a. Of the Board of Mechanical Rules License Examination Procedures

FINDINGS:

Mr. Hart does not appear to have experience as required by Act 192.

RECOMMENDATION:

Staff recommends denial.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9302 • Fax (517) 241-9570
www.michigan.gov



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 22, 2008

Mr. Paul Hart
1608 M-63
Benton Harbor, MI 49022

Dear Mr. Hart:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal to take the Mechanical Contractor Licensing Examination.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Mechanical Division at 517/241-9325 at least (10) working days before the event.

If I can be of further assistance, you may contact me.

Sincerely,

Tennison B. Barry
Tennison B. Barry, Chief
Mechanical Division

TBB/cct

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HART APPLIANCE HEATING AND AIR

1608 M-63

BENTON HARBOR MI 49022

JAN 15, 2008

ATTN: TENISON BERRY

Dave Adams

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES

BUREAU OF CONSTRUCTION CODES

P.O. BOX 30254

LANSING, MI 48909

DEAR MR TENISON,

I AM WRITING IN REGARDS TO AQUIRING PERMISSION TO TAKING THE MICHIGAN MECHANICAL TEST. I HAVE BEEN DENIED THIS OPPORTUNITY AND HAVE BEEN ADVISED TO PUT IN WRITING A REQUEST TO MEET IN FRONT OF THE MECHANICAL BOARD. I AM REQUESTING A MEETING WITH THE MECHANICAL BOARD TO RECEIVE PERMISSION TO TAKE THE STATE OF MICHIGAN MECHANICAL TEST AND AQUIRE MY LICENSE.

MY EXPERIENCE IS AS FOLLOWS.

1: WORKED UNDER RILEY MAC INTOSH FOR A-1 APPLIANCE HEATING AND AIR FOR TWO YEARS FROM 1983 TO 1985. IN THIS TIME I WAS ATTENDING LAKEMICHIGAN COLLEGE FOR A ELECTRONICS DEGREE. I WAS TRAINED BY MR MAC INCTOSH HOW TO FIX APPLIANCES, HEATING AND COOLING AND INSTALLATION OF HVAC EQUIPMENT. I LEFT THIS COMPANY IN 1986 TO WORK FOR SEARS.

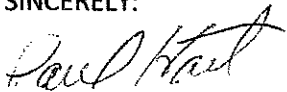
2: FROM 1985 THROUGH 1987 I WORKED FOR SEARS ROEBUCK AS A HEATING, AIR AND APPLIANCE TECHNICIAN. I WAS ONE OF A FEW WITH THE TRAINING TO BE ON CALL FOR EMERGENCIES TO COVER REFRIGERATION PROBLEMS AND WELL AS HEATING PROBLEMS. DURING MY TIME OF EMPLOYEMENT AT SEARS, I ATTENDED MANY OF SEARS TRAINING SCHOOLS IN SKOKIE ILLINOISE AT THE NATIONAL TRAINING CENTER. I HAVE INCLUDED A LETTER FROM A CLIENT WHO USED TO BE A STORE MANAGER FOR SEARS AT THE TIME OF MY EMPLOYMENT. YOU CAN FEEL FREE TO CONTACT HIM IF YOU HAVE ANY QUESTIONS.

3: I THEN STARTED HART APPLIANCES AND OPENED A STORE IN STEVENSVILLE MICHIGAN FOR MANY YEARS. I ENJOYED MANY CONTRACTS WITH SEVERAL WARRANTY COMPANIES AS WELL AS

MANUFACTURES WITHIN THE APPLIANCE FAMILY THAT I ABANDONED HVAC. MR RILEY MAC INTOSH CLOSED DOWN HIS BUSINESS WHEN HE ACQUIRED CANCER. SINCE BOTH MR MAC INTOSH AND I WERE SUCH GOOD FRIENDS AND HE WAS A GREAT MENTOR TO ME, I HIRED HIM IN MY STORE AND I HIRED HIS WIFE TO BE MY BOOKKEEPER. I ENJOYED THAT RELATIONSHIP FOR TWO SHORT YEARS UNTIL THE TIME OF HIS DEATH. BEFORE HE DIED WE STARTED TO SEE A TREND IN THE APPLIANCE MARKET, FOR THEY STARTED TO GO IN A DIRECTION OF MAKING APPLIANCES DISPOSABLE. AT THIS TIME MR MAC INTOSH SUGGESTED THAT I PURSUE THE HVAC INDUSTRY AND FURTHER MY TRAINING WITHIN IT. HE DIED BEFORE I COULD GET TRAINED AND APPLY FOR THE OPPORTUNITY TO TAKE THE TEST TO BECOME A LICENSED MECHANICAL CONTRACTOR. I TALKED TO SOMEONE IN YOUR OFFICE BACK IN THE YEAR 2000, AND AT THAT TIME I WAS TOLD THAT I HAD TO WORK WITH A LICENSED CONTRACTOR FOR A TERM OF 3 YEARS TO GET APPROVAL TO TAKE MY LICENSES. I HAVE WORKED WITH T Q HEATING AND AIR SINCE THE END OF THE YEAR 2000. I HAVE ATTENDED MANY TRAINING CLASSES IN THE LAST SEVEN YEARS. I HAVE PROVIDED SOME OF THE CERTIFICATES AS TO SOME OF THE CLASSES I HAVE ATTENDED. I WAS UNAWARE THAT I HAD TO BE A W-2 EMPLOYEE OF THAT COMPANY FOR A TERM OF 3 YEARS. SO THIS IS WHY I HAVE BEEN UNABLE TO ACQUIRE THE OPPORTUNITY TO TAKE THE STATE TEST.

I DO NOT HAVE ANY DESIRE TO BY-PASS OR DANCE AROUND THE RULES SET FORTH BY THE GOVERNING BODY, BUT I HAVE AM IN A DILEMA. I HAVE A GOOD BUSINESS WITH MANY CLIENTEL THAT WILL ONLY USE ME BECAUSE OF 19 YEARS OF GOOD SERVICE. I HAVE THE OPPORTUNITY TO GROW MY BUSINESS AND BRING ON MORE EMPLOYEES BUT I AM STUCK BECAUSE I HAVE NOT BEEN AFFORDED THE OPPORTUNITY TO TAKE THE TEST. IT HAS BEEN SUGGESTED THAT I HIRE A LICENSED CONTRACTOR TO WORK FOR ME FOR THREE YEARS AND THEN TAKE MY TEST. I HAVE CONSIDERED THAT, BUT I AM CONCERNED I WOULD BE PUTTING MY BUSINESS AT RISK, FOR IF I DID THIS AND HIRED SEVERAL EMPLOYEES AND WE ARE GOING ALONG JUST FINE AND FOR SOME UNEXPLAINED REASON THIS MECHANICAL CONTRACTOR LEAVES THE COMPANY, I WOULD HAVE TO STOP WORK IMMEDIATELY AND MY COMPANY WOULD BE AT RISK AND I WOULD HAVE TO LAY MY EMPLOYEES OFF. THIS IS NOT A GOOD BUSINESS PRACTICE, AND WOULD NOT BE FAIR TO MY CUSTOMER. THE ONLY LOGICAL SOLUTION WOULD BE FOR ME TO HAVE THE LICENSE. I AM A CONSCIENTIOUS PERSON WHO HAS RUN A GOOD BUSINESS FOR 19 YEARS AND AM STILL GOING STRONG BECAUSE OF MY WORK ETHIC AND LOYALTY TO MY CUSTOMERS. I AM NOT ASKING FOR A LICENSE, BUT THE OPPORTUNITY TO TAKE THE TEST TO PROVE THAT I AM CAPABLE. THIS IN RETURN WOULD ALLOW ME TO GROW MY COMPANY AND PROVIDE JOBS TO THE PUBLIC. THANK YOU FOR YOUR TIME AND I LOOK FORWARD TO HEARING FROM YOU. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME AT 269-208-6593.

SINCERELY:

A handwritten signature in cursive script, appearing to read "Paul Hart".

PAUL HART

To the Hart of business

After eight years, appliance repair business moves from owner's home

By MARY WILDS
H-P Staff Writer

For eight years, appliance repairman Paul Hart traveled Berrien County roads in a truck that announced what he did for a living.

Now he has a storefront that does the announcing for him.

Since September, Hart has been operating Hart Appliance Repair on John Beers Road in Stevensville. From the storefront — formerly Herb's Auto Parts — he offers parts, repairs and used appliances.

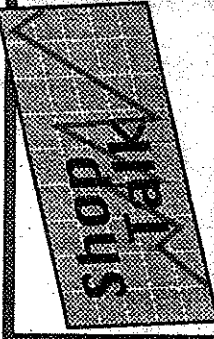
The store has two full-time employees and one part-time worker.

Hart hopes to eventually expand the business he started out of his home in the mid-1980s.

Hart learned how to repair stoves, refrigerators and other large appliances 11 years ago at A-1 Appliance in Benton Harbor. He met owner Riley McIntosh when he was buying a used refrigerator from him.

"I was a general laborer at the time and wanted to learn something that would lead to a better paying job," he said.

Since his wife was a waitress, they were paying for the appli-



Hart Appliance Repair

Location: Lincoln Township
Started: 1987
Owner: Paul Hart
Employees: Two fulltime, one parttime
Service: Appliance repair; sells parts and used appliances
Hours: 9 a.m.-5 p.m.
Monday-Friday

ance mostly in change. Hart threatened to break it all down to pennies if McIntosh didn't consider him for a job; McIntosh agreed to give him a chance.

After a year with A-1 and owner McIntosh, Hart left to work for the Sears, Roebuck & Co. store in Benton Township. McIntosh has since closed his store and directs clients to his one-time protege, to whom he also provides invaluable advice.

Hart attended Lake Michigan College in the mid-1980s where he earned an associate's degree in electronics. In 1987, he opened up Hart Appliance Repair with a \$25,000 investment and "barely made enough to eat" during his first year.

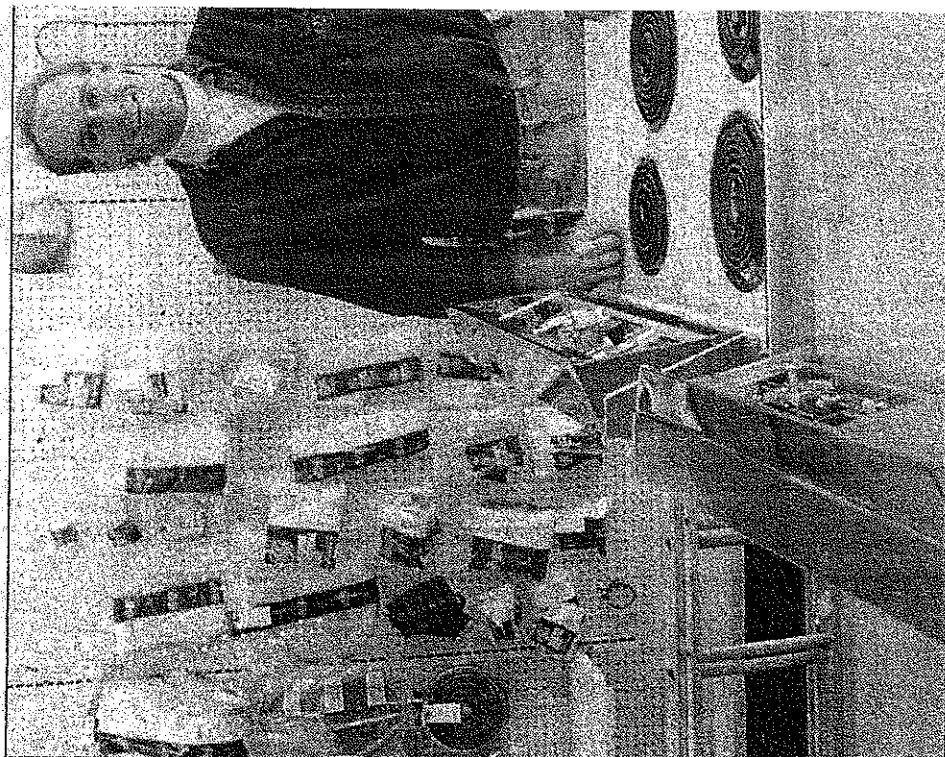
Now in its eighth year, Hart Appliance Repair should clear \$125,000 in sales. Hart hopes the new high-visibility location will increase business even more, he said.

Hart repairs almost all large home appliances (no toasters or blenders). He has a pair of used refrigerators for sale in his store that cost from \$150 to \$300; a new refrigerator costs an average of \$900 and can go as high as \$1,200.

Hart is selling parts for the first time for the "do-it-yourself" repairman and will give over-the-telephone consultations for customer who runs into trouble.

The business' charges begin at \$40 for the service call. It increases depending on what kind of labor is involved and what parts the appliance needs.

Hart also offers 24-hour emergency service.



HART TO HART: Paul Hart moved Hart Appliance Repair into 2240 W. John Beers Road in Lincoln Township in September. Eight years ago, he learned how to repair stoves, refrigerators at

TQ HEATING & AIR

5607 PIONEER AVE

ST JOSEPH MI 49085

MECHANICAL BOARD

This is in reference to the work history for Paul Hart. He has worked with me and ran many jobs for me since the end of 2000. He is a hard working and very knowledgeable person who is conscientious and goes above and beyond to perform work safely, efficiently and perform work up to the mechanical code for the state of Michigan. He is has been responsible for installing heating and ac equipment and sizing and installing ductwork and running gas line. Mr. Hart is the kind of person you can send to do a job and know it is always done right. I trust he can pass the state test if giving the opportunity. I hope you will give him the chance.

Sincerely

RODNEY TOERING.

A handwritten signature in black ink, appearing to read "Rodney Toering", followed by a long horizontal flourish line.

Mr. Jensen Barry

In regards to Mr. Paul Hart.
He has been buying heating and Cooling
Products from Shoemaker Inc for a
number of years. With my dealing Mr Hart
I have found him to be very willing to
learn new products and the right way
to install these products. He is willing and
has been to a number of Shoemaker training
Classes (Service & insulation of Furnace, Air Cond,
Heat Pump, HVAC, etc.) I think he should be
given a chance to take the State of Michigan
Mech Test.

Ronald (Bouma)
Branch Manager
Shoemaker Inc

Roger B. Wilschke
Allstate Insurance Company
4064 Red Arrow Highway
Saint Joseph, MI 49085
Bus: (269) 428-2880



January 24, 2008

To whom it may concern:

I was operating superintendent of the Sears Roebuck store at 1860 Pipestone, Benton Harbor, MI from March 1985 until November 1989.

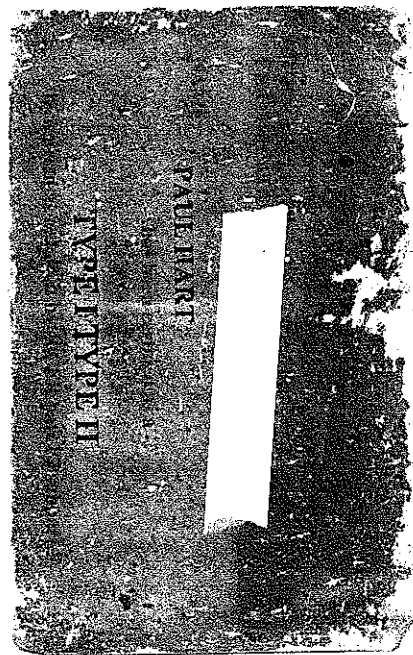
Part of my responsibilities was to oversee the large mechanical and appliance service department attached to the store. During this time I came to know Paul Hart as an eager and able service technician.

He was a top-producing tech until he decided to start his own service business in 1987.

As a personal note he has been servicing my home appliances since then.

A handwritten signature in black ink, which appears to read "Roger B. Wilschke". The signature is fluid and cursive, with a small mark above the "i" in "B".

Roger Wilschke



Certificate of Accomplishment

AWARDED TO

Paul Hart

FOR SATISFACTORY COMPLETION OF

Carbon Monoxide Mitigation

Training Program

Sponsored by

Indiana Community Action Association

T. Andrew

Instructor

2/10/2005

Date



Certificate of Accomplishment

AWARDED TO

Paul Hart

FOR SATISFACTORY COMPLETION OF

Venting Problems & Sizing Seminar

Training Program

Sponsored by

Indiana Community Action Association

T. Andrew

Instructor

3/8/2005

Date

CERTIFICATE OF COMPLETION

Let it be known that
PAUL L. HART
has satisfactorily completed
all required coursework for
GAS FURNACE II
at International Comfort Products Training Center.

Presented on this the 9th day of November, 2001

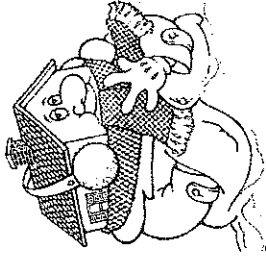
Mark A. Durham
Mark Durham, Instructor

Bureau Of Community Action & Economic Opportunity Certificate of Completion

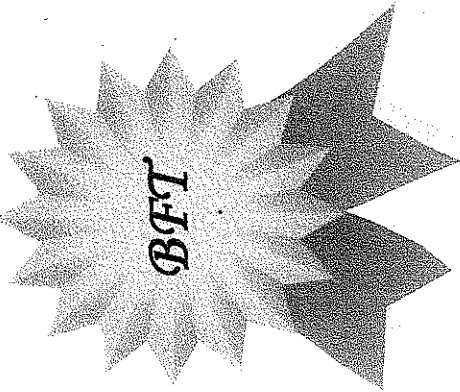


is hereby granted to:

Paul Hart

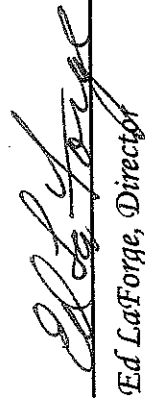


to certify that they have completed to satisfaction



Basic Furnace Testing Training

Granted: January 26, 2005


Ed LaForge, Director

Bureau of Community Action
and Economic Opportunity



Pete Weiss Jr, Program Manager
Technical Weatherization Division
BCAEO

NATIONAL EDUCATION PROGRAM

This is to certify that

PAUL HART

has successfully completed the

6-Hour Residential Burner Program

conducted by the R. W. Beckett Corporation

on August 18, 2005



Anthony J. Rorger
Program Instructor

Ken A. Beckett
R.W. Beckett Corporation

February 19, 2008

Paul Hart
1608 M-63
Benton Harbor, MI 49022

Dear Mr. Hart:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Our records indicate that your application was signed by an individual who is a licensed mechanical contractor. However, it is not clear whether this person is your employer. Rodney Toering is not the contractor of record for TQ Heating & Air. Please provide the following:

- < **A letter on company letterhead with the notarized signature of the contractor of record for the company.**
- < **The title of the company official.**
- < **A notarized statement showing the length and type of work that you performed.**
- < **A statement indicating who supervised your work during employment with the company.**
- < **The supervisor's mechanical license number.**

Please send in three year's worth of w-2's from your employment with TQ Heating & Air.

If appropriate, return the required information along with this letter to: Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David A. Adams, Assistant Chief
Mechanical Division

DAA/tl

App on file

FEB 03 2008

Application for Mechanical Contractor License Examination
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Mechanical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9325
www.michigan.gov/bcc

127

Application Fee: \$25.00 (nonrefundable)

Authority: 1984 PA 192	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: License will not be issued	

Instructions:

- Complete and sign application. Type or print in ink.
- Application must be received in the Bureau office not less than 20 working days before next scheduled exam.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
 - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and fee to the address above.

Tran Info: 127 13629369-1 02/06/08

Chk#: 8099 Amt: \$25.00

ISS: BOBNEY TOERING

Applicant Information

NAME (Last, First, Middle) No initials			DATE OF BIRTH	
HART PAUL HERBERT			6 19 1963	
ADDRESS	CITY	COUNTY	STATE	ZIP CODE
1608 M-63	BENTON HARBOR	BERRIEN	MI	49022
SOCIAL SECUR.			TEL	

CONTRACTOR LICENSE NUMBER - LICENSE UPGRADE ONLY

71 -

Work Classifications (Check work classifications for which you are seeking licensure)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Hydronic heating and cooling and process piping.
(Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.) | <input type="checkbox"/> 6. Unlimited heating service.
(Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.) |
| <input checked="" type="checkbox"/> 2. HVAC equipment.
(Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.) | <input type="checkbox"/> 7. Limited refrigeration and air conditioning service.
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.) |
| <input checked="" type="checkbox"/> 3. Ductwork.
(Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.) | <input type="checkbox"/> 8. Unlimited refrigeration and air conditioning service.
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.) |
| <input type="checkbox"/> 4. Refrigeration.
(Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.) | <input type="checkbox"/> 9. Fire Suppression.
(Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.) |
| <input type="checkbox"/> 5. Limited heating service.
(Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hour per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.) | <input type="checkbox"/> 10. Specialty License.
(Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the installation and servicing of:
<input type="checkbox"/> a. Solar.
<input type="checkbox"/> b. Solid fuel.
<input type="checkbox"/> c. LP tank and pipe.
<input type="checkbox"/> d. Underground tank and pipe.
<input type="checkbox"/> e. Gas piping.
<input type="checkbox"/> f. Gas piping and venting. |

Trade School

Have you attended a recognized trade school? ☐ Yes ☒ No

If yes and you are requesting credit, attach a copy of your official transcript and your original diploma or certificate of completion.

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred Site

☒ Lansing Area

☐ Escanaba

Preferred Date

TUESDAY MARCH 11

☐ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

N/A

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

N/A

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

N/A

NAME AND ADDRESS OF SENTENCING COURT(S)

N/A

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☐ No
2. Are you currently on probation / parole? ☐ Yes ☐ No
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

N/A

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

N/A

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE

DATE

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME TQ HEATING & AIR		DATES EMPLOYED (Month / Day / Year) FROM: 2/6/01 TO: PRESENT	
ADDRESS 5607 PIONEER AVE		TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input type="checkbox"/> Industrial Hours per week 40	
CITY St Joseph	STATE MI	ZIP CODE 49085	

DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)

SERVICING OF HEATING & AIR COND SYSTEMS
Installation of Heating Equip, Air Condition Equip Ductwork Gas Pline

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD [Signature]	DATE 2-5-08
NAME OF CONTRACTOR OF RECORD (No Initials) RODNEY DALE TOERING	
LICENSE NUMBER 7112251	

Subscribed and sworn before me, this **5th** day of **Feb**, 20 **08**
a Notary Public in and for **Berrien** County, Michigan.
Signature of Notary Public **Barbara F Kelly**
My Commission expires: **July 6**, 20 **12**

07-10 2.3

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I certify all information in this application is true and complete and I agree and understand any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

SIGNATURE OF APPLICANT Paul H Hart	DATE 2/4/08
----------------------------------------------	-----------------------



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 21, 2008

M-08-09

TO: Members of the Board of Mechanical Rules
FROM: Tennison B. Barry, Chief, Mechanical Division
SUBJECT: Appeal Request for

APPLICANT REPRESENTATIVE:

Joseph Yulga

PROJECT:

Not applicable.

AUTHORITY:

The Forbes Mechanical Contractors Act of 1984 as Amended, being Act 192 of the Michigan Compiled Laws.

REQUEST:

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APPLICABLE RULE:

R 338.903a. Of the Board of Mechanical Rules License Examination Procedures

FINDINGS:

Mr. Yulga does not appear to have experience as required by Act 192.

RECOMMENDATION:

Staff recommends denial.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9302 • Fax (517) 241-9570
www.michigan.gov



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 22, 2008

Mr. Joseph Yulga
N 962 Tower View Dr.
Greenville, WI 54942

Dear Mr. Yulga:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal to take the Mechanical Contractor Licensing Examination.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

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Sincerely,

Tennison B. Barry
Tennison B. Barry, Chief
Mechanical Division

TBB/cct

Providing for Michigan's Safety in the Built Environment

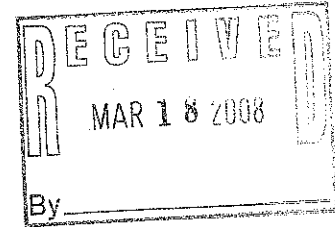
BUREAU OF CONSTRUCTION CODES
P.O. BOX 30254 • LANSING, MICHIGAN 48909
Telephone (517) 241-9302 • Fax (517) 241-9570
www.michigan.gov



N962 Tower View Drive
Greenville, WI 54942

January 22, 2008

David Adams
State of Michigan
Mechanical Division



Dear Mr. David Adams:

I am writing this letter requesting that the Board of Mechanical Rules review my eligibility and if requested allow me to appear before the board to present evidence as to the eligibility for examination.

In 1991 I started working for Paul Van Zeeland Heating working in the sheet metal division. I completed an apprenticeship and worked in the field until 1997. From 1997 to 2002 I worked as an estimator and project manager. In 2002 I left PVZ to start a sheet metal division at Scheck Mechanical WI Corp. While at Scheck I obtained a State of WI HVAC Qualifier license. In March, 2006 I became a principle at Midwest Mechanical.

Please review the list of completed, ongoing projects, HVAC Qualifier License, WI HVAC Qualifier Requirements, and State of WI Certificate of Completed Apprenticeship.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Vulga', written over a printed name.

Joe Vulga
Midwest Mechanical Contractors Corp.

HVAC Qualifier Certification

Who should have this credential? A person or entity who utilizes a person who holds an HVAC qualifier certification shall be deemed to be a certified HVAC business and may not be required to obtain a local certification, license or other approval in order to engage in the business of installing or servicing heating, ventilating, or air conditioning equipment.

How does the credential vary from others in the field? The HVAC contractor registration (see above) is valid statewide, except where there is a local requirement for a local HVAC credential. The local requirement can be satisfied with the local credential or someone may obtain the state HVAC Qualifier credential.

not same as Michigan or even close
What are the prerequisites for obtaining the credential? Pass an exam. A person applying for an HVAC qualifier certification exam shall have one of the following: (a) At least 1000 hours per year for at least four years of experience in supervising or performing the design, installation, servicing or maintenance of HVAC systems or equipment; (b) At least four years of attendance in a school of mechanical engineering or in an accredited college, university, or technical, vocational or apprenticeship school in an HVAC-related program; or (c) Any combination of four years of experience recognized under par. (a) and education recognized under (b).

How does someone apply for the credential? A person applying to take a HVAC qualifier certification exam shall submit a completed application, a \$10 application fee, and a \$20 exam fee. Upon successful passage of the exam an applicant will receive a letter asking them to submit a prorated part of the \$60 certification fee.

What is the term of the credential? Four years from date of issuance.

Application form for the credential. PDF file, or fax a request for a specific credential form to 608-783-7400, or email a form request to madisoncred@commerce.state.wi.us.

What will be on the exam? The open book exam has true/false and multiple choice questions about Comm 20-25, Uniform Dwelling Code; Comm 61-65, Commercial Building Code; Comm 41, Wisconsin Boiler and Pressure Vessel Code; Comm 45, Mechanical Refrigeration Code; 1995 SMACNA HVAC Duct Construction Standards Manual-Metal and Flexible and the 1999 National Fuel Gas Code (NFPA 54, parts 2, 3, and 4). [Index of S&B codes online](#). Paper copies of Wisconsin Administrative Code books may be obtained from [Document Sales](#) 608- 266-3358, or 800-362-7253. Copies of S&B publications may be ordered using this [PDF form](#).

Is there a continuing education requirement? No.

How will the credential be renewed? A renewal letter will be sent to the credential holder approximately 45 days before the renewal date.

Comm 5 is the Licenses, Registrations, and Certifications Code. Relevant sections for this credential are: Comm 5.001 through 5.12 and Comm 5.71.

S&B programs related to the credential. [Commercial Buildings](#). [Refrigeration](#). [Credentials](#).

Check the status of a credential [online](#).



Customer Service Center
Safety and Buildings Division
201 W Washington Ave, 4th floor
PO Box 7082
Madison WI 53707-7082
Phone: (608) 261-8500
TTY: (608) 264-8777
Fax: (608) 267-0592

JOSEPH P YULGA
W2547 BROOK MEADOW CT
APPLETON WI 54915

This is your Certification, License, or Registration Card.

JOSEPH P YULGA	
Certification, License, or Registration Name	Expires
HVAC Qualifier Certification	07/15/09
Wisconsin Department of Commerce	
Signature:	

Cut around the card to remove it. Sign the card.

The card should be signed by the applicant. If desired, you may apply a protective plastic laminate (available at some stores) to the card. Present the card to whomever requests proof of issuance.

This card should indicate other Department of Commerce certifications, licenses, or registrations currently held. Destroy all previous cards that have a certification, license, or registration category which also appears on this card. Please review categories specified on the card. If errors or discrepancies are found, please contact the Customer Service Center (CSC), 608-261-8500. Be prepared to give the CSC representative the Id number printed on the card. The CSC should also be notified of changes in addresses as they occur. Notification to the CSC of address changes is the responsibility of the certification, license, or registration holder.

A renewal notice will be sent to the last address on file with the CSC at least 30 days before the expiration date of each certification, license, or registration indicated on the card. Renewals are contingent upon compliance with the requirements specified in Comm 5, Wisconsin Administrative Code.

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

SBD-10183 (R.10/98)

January 9, 2008

Joseph Yulga
N962 Tower View Dr
Greenville, WI 54942

Dear Mr. Yulga:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

You may wish to send a letter requesting the Board of Mechanical Rules to review your file and/or to appear before the Board to present evidence as to your eligibility for examination.

If appropriate, return the required information along with this letter to: Michigan Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David Adams, Assistant Chief
Mechanical Division

DAA/tml



SHEET METAL AND HVAC

N962 Tower View Drive, Greenville, WI 54942 Phone (920) 257-2169 • Fax (920) 257-2176

November 28, 2007

Department of Labor & Economic Growth
Bureau of Construction Codes, Mechanical Division
PO Box 30254
Lansing, MI 48909

Attn: Mr. David Adams
Re: Joseph P. Yulga – HVAC Contractors Licensing


Dear David,

I am submitting Joseph Yulga's Wisconsin HVAC Qualifier Certification and also Midwest Mechanical's HVAC Contractor Registration.

Please also find attached a printout from the Wisconsin Department of Labor website listing the steps to get a HVAC Credential and hold a license.

Please let me know if you need any further information for Joe Yulga to be able to take the test in Michigan to become a licensed contractor

Sincerely,


Amanda Wallace
Office Manager



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

August 16, 2007

Joseph Yulga
N962 Tower View Dr
Greenville, WI 54942

Dear Mr. Yulga:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Our records indicate that your application was signed in one or more places by an individual who is not a licensed mechanical contractor. Your previous employer is not licensed.

Your application was signed by a contractor who is licensed in a state other than Michigan. Please submit the qualifications for licensure in that state. The qualifications must be from the licensing authority.

You may wish to send a letter requesting the Board of Mechanical Rules to review your file and/or to appear before the Board to present evidence as to your eligibility for examination.

Return the required information along with this letter to: Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David A. Adams, Assistant Chief
Mechanical Division

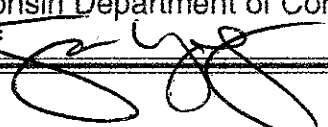
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Safety and Buildings Division
201 W Washington Ave, 4th floor
PO Box 7082
Madison WI 53707-7082
Phone: (608) 261-8500
TTY: (608) 264-8777
Fax: (608) 267-0592

JOSEPH P YULGA
W2547 BROOK MEADOW CT
APPLETON WI 54915

This is your Certification, License, or Registration Card.

1	
JOSEPH P YULGA	
Certification, License, or Registration Name	Expires
HVAC Qualifier Certification	07/15/09
Wisconsin Department of Commerce	
Signature: 	

Cut around the card to remove it. Sign the card.

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A renewal notice will be sent to the last address on file with the CSC at least 30 days before the expiration date of each certification, license, or registration indicated on the card. Renewals are contingent upon compliance with the requirements specified in Comm 5, Wisconsin Administrative Code.

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

SBD-10183 (R.10/98)

Customer Service Center
Safety and Buildings Division
201 W Washington Ave, 4th floor
PO Box 7082
Madison WI 53707-7082
Phone: (608) 261-8500
TTY: (608) 264-8777
Fax: (608) 267-0592

JOSEPH P YULGA
MIDWEST MECHANICAL CORP
1079 DRIESSEN DR
KAUKAUNA WI 54130

This is your Certification, License, or Registration Card.

Id: MIDWEST MECHANICAL CORP	
Certification, License, or Registration Name HVAC Contractor Registration	Expires 06/28/10
Wisconsin Department of Commerce	
Signature:	

Cut around the card to remove it. Sign the card.

The card should be signed by the applicant. If desired, you may apply a protective plastic laminate (available at some stores) to the card. Present the card to whomever requests proof of issuance.

This card should indicate other Department of Commerce certifications, licenses, or registrations currently held. Destroy all previous cards that have a certification, license, or registration category which also appears on this card. Please review categories specified on the card. If errors or discrepancies are found, please contact the Customer Service Center (CSC), 608-261-8500. Be prepared to give the CSC representative the Id number printed on the card. The CSC should also be notified of changes in addresses as they occur. Notification to the CSC of address changes is the responsibility of the certification, license, or registration holder.

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The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

SBD-10183 (R.10/98)

To be certified as a master or journeyman, you need to pass an open book exam on Chapter 145 of the Wisconsin Statutes and sections of the Wisconsin Administrative Code. You'll get a copy of Chapter 145 with your credential application.

To qualify for the master plumbing exam, you need 1,000 hours per year of work as a licensed journeyman plumber for at least three consecutive years or a degree in civil engineering, mechanical engineering, or other approved engineering degree related to plumbing. For either master plumber restricted exam, you need only two years of work experience as a journeyman.

To qualify for the journeyman exam you must complete a Division-approved plumbing apprenticeship program. For the journeyman (restricted appliances) exam you need 1,000 hours of work experience and the following educational courses:

- plumbing code - 40 hours
- blueprint reading - 20 hours
- transit or builder's level - 10 hours
- construction related mathematics - 20 hours
- first aid and safety - 10 hours

For the journeyman (restricted sewer services) you need 1,000 of work experience and these educational courses:

- plumbing code - 40 hours
- blueprint reading - 20 hours
- plumbing related mathematics - 10 hours
- appliance and equipment servicing - 30 hours



Plumber's credential fees: It will cost you \$50 nonrefundable to file any master plumber application and take the exam. When you pass the exam you'll have to pay \$250 to get your credential. The credential is good for two years.

It costs \$30 nonrefundable to file any journeyman plumber application and take the exam. When you pass the exam you'll have to pay \$90 to get your credential. The credential is good for two years.

To work on water service lines and sewers you need a utility contractor's credential To qualify for the utility contractor exam you have to be at least 18 years old. It costs \$40 nonrefundable to file an application and take the exam. The credential costs \$250 and it's good for two years.

To work on water service lines and sewers under the supervision of a licensed utility contractor, licensed master plumber, or a licensed master plumber (restricted sewer service), you need a pipe layer's credential. It'll cost \$10 nonrefundable to file an application. The credential costs \$90 and it's good for two years.

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WIAT Credentials

WIAT: To work in Wisconsin you must get a credential. To apply for the credential, contact:



Department of Commerce, Safety and Buildings Division

111 W. Washington Avenue

Room 501-7082

Madison, WI 53707-7082

(608) 221-8500

<http://www.commerce.state.wi.us/>



HVAC credential fees: The Division issues HVAC contractor and qualifier credentials. To qualify for an HVAC contractor credential you must be the head of your company. It'll cost you \$10 nonrefundable to file an application for a contractor credential. The credential costs \$100 and it's good for four years.

To qualify for the HVAC qualifier credential exam you need to have 1,000 hours per year for four years of work experience in HVAC. You also need four years in an accredited technical school or a combination of work experience and study for four years.

It costs \$30 nonrefundable to file an HVAC qualifier application and take the exam. When you pass the exam you'll have to pay \$90 to get your credential. The credential is good for four years.

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Fire Sprinklers Credentials

To work on fire sprinklers in Wisconsin you must get a credential. To apply for the credential, contact:



Department of Commerce, Safety and Buildings Division

201 W. Washington Avenue
P. O. Box 7082
Madison, WI 53707-7082
(608) 261-8500
<http://www.commerce.state.wi.us/>

The Division issues fire sprinkler contractor, journeyman fitter, sprinkler maintenance contractor, and sprinkler maintenance fitter credentials.



Fire sprinklers credential fees: To qualify for a fire sprinkler contractor credential you have to pass an exam. It costs \$125 nonrefundable to file an application and take the exam. The credential costs \$1,000 and it's good for two years.

To qualify for the journeyman sprinkler fitter credential exam you need to have completed a Division-approved automatic fire sprinkler system apprenticeship. It will cost you \$30 nonrefundable to file the application and take the exam. When you pass the exam you'll have to pay \$90 to get your credential. The credential is good for two years.

To qualify for the sprinkler maintenance contractor credential you have to pass an exam. It costs \$75 nonrefundable to file the application and take the exam. When you pass the exam you'll have to pay \$200 to get your credential. The credential is good for two years.

To get a sprinkler maintenance fitter credential you have to file an application with the Division. It will cost you \$10 nonrefundable to file the application and \$30 to get your credential. The credential is good for two years.

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Tank Installer's Credentials

To work on tanks in Wisconsin you must get a credential. To apply for a credential, contact:

**Department of Commerce**

Storage Tank Regulation

P. O. Box 7837

Madison, WI 53707

(608) 266-7874

Fax: (608) 261-7725

<http://www.commerce.state.wi.us/>

The Division issues tank specialty, aboveground tank system installer, underground tank system installer, tank system liners, and tank system removers and cleaners credentials.



Tank installer's credential fees: To qualify for a tank specialty firm credential you must be the head of your company. It will cost you \$20 nonrefundable to file the application and \$15 to take the exam. The credential costs \$50 and it's good for two years.

To qualify for any of the other credentials you need to pass an exam. It costs \$20 nonrefundable to file the application and \$15 to take the exam. When you pass the exam you'll have to pay \$50 to get your credential. The credential is good for two years.

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Pump Installer's Credentials

To do pump installation business in Wisconsin you must be registered with the Department of Natural Resources. To get an application, contact:

**Department of Natural Resources**

101 South Webster Street

P. O. Box 7921

Madison, WI 53707-7921

(608) 266-0153

Fax: (608) 267-7650

<http://dnr.wi.gov/>

You must pass an exam the Department gives to prove you're competent to do pump installation work. The exam is on Department rules, well location and pump installation requirements, driven point well construction, and sampling and reporting requirements. The Department will send you a study guide for the exam after they get your completed application.



Pump installer's credential fees: You will have to pay a \$25 application fee but not until the Department requests it. Then there's a \$25 registration fee when you pass the exam and get your registration. Registration is good for one year and it expires on December 31 each year.

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Well Driller's Credentials

To do well drilling business in Wisconsin you must be registered with the Department of Natural Resources. To get an application, contact:

Department of Natural Resources



101 South Webster Street
P. O. Box 7921
Madison, WI 53707-7921
(608) 266-2621
Fax: (608) 267-3579
<http://dnr.wi.gov/org/water/dwg/>

You must pass an exam the Department requires before you can be registered. The exam is on Department rules, well construction, reconstruction, well abandonment, location requirements, and sampling and reporting requirements. To take the exam you must have two years of supervised well drilling experience within the last five years. You must also have drilled at least 30 wells or have 1,500 hours of well drilling in two years, with at least ten wells or 750 hours in a single year.

If you have a valid well drilling license in another state which you got by fulfilling requirements similar to Wisconsin's, you may qualify for the exam directly. You will need to submit Department Form 3300-94 and a photograph of yourself operating a drilling rig with your application. The Department will evaluate your license and notify you if you qualify or not.

The Department will send you a study guide for the exam after they get your completed application.



Well driller credential fees: You'll have to pay a \$50 application fee but not until the Department requests it. Then there's a \$50 registration fee when you pass the exam and get your registration. Registration is good for one year and it expires on December 31 each year.

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Department of Transportation (DOT)

To bid on any Wisconsin Department of Transportation construction project, you must be prequalified by the Department. To get the Prequalification Statement, contact:



Wisconsin Department of Transportation
Bureau of Highway Construction
4802 Sheboygan Ave., Room 601
P. O. Box 7916
Madison, WI 53707-7916
(608) 266-1631
<http://www.dot.state.wi.us/>

The Transportation Department will ask you for these items:

- financial statement
- which types of work you want to be prequalified for
- your current and past work projects
- what equipment your firm owns
- maximum amount of work (in dollars) you would be willing to undertake

You'll also be asked which of the following types of work you want to be prequalified in and what the maximum amount of work (in dollars) you think you can do for each of those types:

General construction
Grading

Rail construction or rehabilitation
Bridge painting

Concrete pavement	Street or airport lighting
Asphaltic pavement	Building construction
Gravel or crushed stone	Incidental construction
Structures	

The Department will use this information to give your company a prequalification rating. Prequalification is good for 16 months from the date of your financial statement.

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Out-of-State Corporations

Out-of-state corporations doing business in Wisconsin must qualify with the Wisconsin Department of Financial Institutions. For information, contact:



Department of Financial Institutions

345 W. Washington Ave.

P.O. Box 7846

Madison, WI 53707-7846

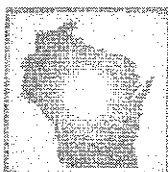
(608) 261-7577

<http://www.wdfi.org>

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Need your
Contractor's License?

**AMERICAN
CONTRACTORS**

Wisconsin

Most residential builders must have a state credential. Electricians, plumbers and some specialty trades must have a state credential. For a complete list of credential categories in Wisconsin, go to <http://www.commerce.state.wi.us/SB/SB-CredList.html>. To verify that a contractor has their credentials, click on <http://www.commerce.state.wi.us/SB/SB-CredentialStatusCheck.html>. Contractor forms are available online at <http://www.commerce.state.wi.us/SB/SB-DivForms.html>.

 To find out who has a Wisconsin credential, call the Credentialing Unit at (608) 261-8500.

- **Asbestos Abatement Certification**
- **Lead Abatement Certification**
- **Electrician's Credentials**
- **Plumber's Credentials**
- **HVAC Credentials**
- **Fire Sprinklers Credentials**
- **Tank Installer's Credentials**
- **Pump Installer's Credentials**
- **Well Driller's Credentials**
- **Department of Transportation (DOT)**
- **Out-of-State Corporations**

To file a construction permit for a one- or two-family dwelling, you have to have a credential. To apply for the credential, contact:



Department of Commerce, Safety and Buildings Division
201 W. Washington Avenue
P. O. Box 7082
Madison, WI 53707-7082
(608) 261-8500
<http://commerce.wi.gov/>

You will need to post a \$25,000 bond or document \$250,000 of liability insurance. You also have to document workers' compensation insurance and unemployment insurance. It will cost you \$10 nonrefundable to file the application. The credential fee is \$40.

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Asbestos Abatement Certification

With a few exceptions, you need to be certified to work on asbestos abatement in Wisconsin. To apply for certification, contact:



The Asbestos Unit

Bureau of Public Health

Room 137, 1 West Wilson Street

Madison, WI 53701

(608) 261-6876

<http://www.dhfs.state.wi.us/licensing.htm>

The Bureau issues the following types of certificates:

Worker	Project designer
Supervisor	Roofing worker
Inspector	Roofing supervisor
Management planner	

To qualify for a certificate you must complete a training course and pass a closed book, multiple choice exam. Here's a summary showing each type of certificate, the length of its training course, number of questions on its exam, and the fee you have to pay for the certificate:

Worker

Length of training: 32 hour course

Number of exam questions: 50

Fee: \$50

Supervisor

Length of training: 40 hour course

Number of exam questions: 100

Fee: \$100

Inspector

Length of training: 24 hour course

Number of exam questions: 50

Fee: \$150

Project designer

Length of training: 24 hour course

Number of exam questions: 100

Fee: \$150

Management planner

Length of training: 24 hour asbestos inspector course, 16 hour asbestos management planner course

Number of exam questions: 50

Fee: \$100

Roofing worker

Length of training: 8 hour course

Number of exam questions: 35

Fee: \$25

Roofing supervisor

Length of training: 8 hour roofing worker course plus 8 hour roofing supervisor course

Number of exam questions: 50

Fee: \$50

If you have a valid certificate in another state and you got your certificate by completing an EPA-accredited training course or a course equal to Wisconsin's, you can petition the Bureau to be certified in Wisconsin. You won't have to repeat the training or work experience the Bureau requires. However, you may have to pass a Wisconsin exam and you'll still have to pay the certification fee.

A certificate is good for one year.

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Lead Abatement Certification

With a few exceptions, you need to be certified to work on lead abatement in Wisconsin. To apply for certification, contact:

**The Lead Unit**

Bureau of Public Health
Room 137, 1 West Wilson Street
Madison, WI 53701
(608) 261-6876
<http://dhfs.wi.gov/>

The Bureau issues the following types of certificates:

Worker	Risk assessor
Supervisor	Project designer
Inspector	

To qualify for a certificate you must complete a training course and pass a closed book exam. You have to have taken the training within 24 months or less from when you apply for a certificate. If more than 24 months have elapsed, you'll have to take a refresher course before you can get certified. If you took your training in another state, you can possibly get it approved by Wisconsin. Here's a summary showing each type of certificate, its training course, and the fee you have to pay for the certificate:

Lead-Safe Worker

Fee: \$50

Abatement Worker

Training course(s) required: Worker

Fee: \$75

Abatement Supervisor

Training course(s) required: Supervisor

Fee: \$125 + \$50 (exam)

Inspector

Training course(s) required: Inspector

Fee: \$150 + \$50 (exam)

Project Designer

Training course(s) required: Project designer plus supervisor

Fee: \$175

Risk Assessor

Training course(s) required: Risk assessor plus inspector

Fee: \$175 + \$50 (exam)

Sampling Technician

Fee: \$50

Hazard Investigator

Fee: \$175 + \$50 (exam)

There are also some special requirements for supervisor, project designer, and risk assessor certificates. If you want to get a supervisor certificate you'll have to complete one of the following:

- one year of experience as a certified lead abatement worker
- two years of work experience in a related field such as asbestos, environmental remediation, or construction

For a project designer certificate you'll have to complete one of the following:

- bachelor's degree in engineering, architecture, or a related profession and one year of experience in building construction and design or a related field
- four years of work experience in building construction and design or a related field

For a risk assessor certificate you'll have to complete one of the following:

- bachelor's degree and one year of experience in building construction and design or a related field
- associate's degree and two years of experience in building construction and design or a related field
- high school diploma or equivalent and three years of experience in building construction and design or a related field
- hold a professional certification as an industrial hygienist, professional engineer, registered architect, safety professional, or environmental scientist

A certificate is good for one year.

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Electrician's Credentials

In Wisconsin you can get a state master, journeyman, or electrical contractor credential which allows you to do electrical work in any municipality in the state that requires a license. To apply, contact:



Department of Commerce, Safety and Buildings Division
201 W. Washington Avenue
P. O. Box 7082
Madison, WI 53707-7082
(608) 261-8500

<http://www.commerce.state.wi.us/>

To get an electrical contractor's credential, you must be the head of your company and give the Division the following:

- your social security number
- your workers' compensation number
- your unemployment insurance account number
- your state tax identification number
- your federal tax identification number
- the names and addresses of all the officers of your company



Electrical contractor's credential fees: It'll cost you \$35 nonrefundable to file an application. The credential costs \$200 and it's good for four years.

To be certified as a master or journeyman you need to pass an open book exam on the National Electrical Code and the electrical code part of the Wisconsin Administrative Code. To qualify for the master electrician exam you need 1,000 hours per year of electrical construction work experience for at least seven years. You can substitute 500 hours of work experience for each semester you've completed in accredited electrical study, up to 3,000 hours.

There are two ways to qualify for the journeyman electrician exam. One way is to complete 1,000 hours per year of electrical construction work experience for at least five years, substituting 500 hours of work experience for each semester you've completed in accredited electrical study, up to 2,000 hours. The other way is to complete an electrical apprenticeship program recognized by Wisconsin and the U.S. Department of Labor.



Electrician's credential fees: It will cost you \$65 nonrefundable to file the application and take the exam for master or journeyman. When you pass the exam you'll have to pay \$80 to get your credential. The credential is good for four years.

Back to the top ▲

Plumber's Credentials

To do plumbing work in Wisconsin you must get a credential. To apply for the credential, contact:



Department of Commerce, Safety and Buildings Division
 201 W. Washington Avenue
 P. O. Box 7082
 Madison, WI 53707-7082
 (608) 261-8500
<http://www.commerce.state.wi.us/>

The Division issues the following plumbing credentials:

Master	Journeyman - restricted service
Master - restricted appliance	Pipe layer
Master - restricted service	Apprentice
Journeyman	Plumbing learner - restricted appliance
Journeyman - restricted appliance	Plumbing learner - restricted service

August 16, 2007

Joseph Yulga
N962 Tower View Dr
Greenville, WI 54942

Dear Mr. Yulga:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Our records indicate that your application was signed in one or more places by an individual who is not a licensed mechanical contractor. Your previous employer is not licensed.

Your application was signed by a contractor who is licensed in a state other than Michigan. Please submit the qualifications for licensure in that state. The qualifications must be from the licensing authority.

You may wish to send a letter requesting the Board of Mechanical Rules to review your file and/or to appear before the Board to present evidence as to your eligibility for examination.

Return the required information along with this letter to: Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David A. Adams, Assistant Chief
Mechanical Division

July 16, 2007

Joseph Yulga
N962 Tower View Dr
Greenville, WI 54942

Dear Mr. Yulga:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Your application does not show documentation of your work experience. Rule 903(1) requires that the applicant have a minimum of three years experience in one or more of the work classifications set forth in the Act. Your application indicates that you do not have three years of experience.

Your application was signed by a contractor who is licensed in a state other than Michigan. Please submit the qualifications for licensure in that state. The qualifications must be from the licensing authority.

If appropriate, return the required information along with this letter to: Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,


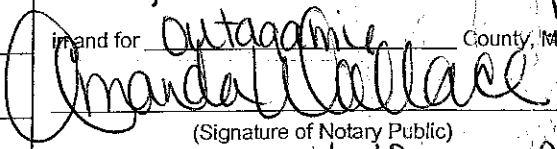
David Adams, Assistant Chief
Mechanical Division

DAA/tl

Joseph Yulga

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signature notarized. Attach extra sheets if necessary.

EMPLOYER NAME Midwest Mechanical Contractors		DATES EMPLOYED (Month / Day / Year) FROM: 03/01/06 TO: Present	
ADDRESS 9962 Tower View Dr		TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Hours per week _____	
CITY Greenville	STATE (WI)	ZIP CODE 54942	
DESCRIPTION OF WORK PERFORMED (INCLUDE EXPERIENCE IN SPECIFIC WORK CLASSIFICATIONS) Began HVAC in 1991, completed Apprenticeship in 1996, worked in I worked as a journey running work in field until 1999. I have been in project management, Estimation since then and am currently a partner at Midwest Mechanical			
EMPLOYER COMPLETE THE FOLLOWING			
I hereby certify that the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this 7th day of August , 2007 , a Notary Public	
SIGNATURE OF CONTRACTOR OF RECORD 	DATE 8-7-07	in and for Outagamie County, WI Michigan.	
NAME OF CONTRACTOR OF RECORD (No Initials) Roy Jacobsen			
LICENSE NUMBER	TELEPHONE NUMBER 920.257.2169	(Signature of Notary Public) My Commission expires: 4-10-2011	

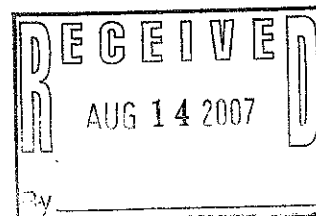
Construction Lien Fund

Before receiving a license under this act a person shall be required to pay the amount required to be paid under the Construction Lien Act, 1980 PA 497, unless the fee has been paid under another license. The \$50 construction lien assessment must be paid before the Board of Mechanical Rules can issue a license. **Do not pay this fee until notified of passage of your examination.**

Certification/Signature

I certify that all information in this application is true and complete and I agree and understand that any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the State of Michigan.

SIGNATURE OF APPLICANT 	DATE 8/7/07
---------------------------------------------------------------------------------------------------------------	-----------------------



Customer Service Center
Safety and Buildings Division
201 W Washington Ave, 4th floor
PO Box 7082
Madison WI 53707-7082
Phone: (608) 261-8500
TTY: (608) 264-8777
Fax: (608) 267-0592

JOSEPH P YULGA
MIDWEST MECHANICAL CORP
1079 DRIESSEN DR
KAUKAUNA WI 54130

This is your Certification, License, or Registration Card.

Id	
MIDWEST MECHANICAL CORP	
Certification, License, or Registration Name	Expires
HVAC Contractor Registration	06/28/10
Wisconsin Department of Commerce	
Signature:	

Cut around the card to remove it. Sign the card.

The card should be signed by the applicant. If desired, you may apply a protective plastic laminate (available at some stores) to the card. Present the card to whomever requests proof of issuance.

This card should indicate other Department of Commerce certifications, licenses, or registrations currently held. Destroy all previous cards that have a certification, license, or registration category which also appears on this card. Please review categories specified on the card. If errors or discrepancies are found, please contact the Customer Service Center (CSC), 608-261-8500. Be prepared to give the CSC representative the Id number printed on the card. The CSC should also be notified of changes in addresses as they occur. Notification to the CSC of address changes is the responsibility of the certification, license, or registration holder.

A renewal notice will be sent to the last address on file with the CSC at least 30 days before the expiration date of each certification, license, or registration indicated on the card. Renewals are contingent upon compliance with the requirements specified in Comm 5, Wisconsin Administrative Code.

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

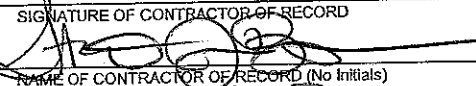
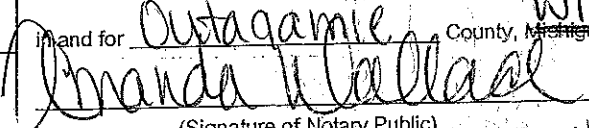
Joseph Yulga

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signature notarized. Attach extra sheets if necessary.

EMPLOYER NAME <u>Scheck Mechanical</u>		DATES EMPLOYED (Month / Day / Year) FROM: <u>1/1/03</u> TO: <u>3/4/06</u>	
ADDRESS <u>1079 Driessen Dr.</u>		TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Hours per week <u>40-60</u>	
CITY <u>Kaukauna, WI</u>	STATE <u>WI</u>	ZIP CODE <u>54130</u>	
DESCRIPTION OF WORK PERFORMED (INCLUDE EXPERIENCE IN SPECIFIC WORK CLASSIFICATIONS) <u>In charge of HVAC division including Project Management, Labor, and daily operations. Held the HVAC Qualifier License for the state of WI requirement. Qualifier License # 133764</u>			

EMPLOYER COMPLETE THE FOLLOWING

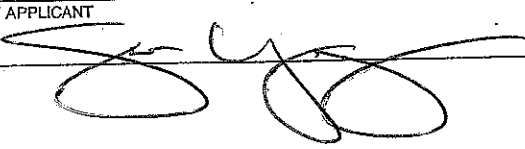
I hereby certify that the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this <u>7th</u> day of <u>August</u> , <u>2007</u> , a Notary Public	
SIGNATURE OF CONTRACTOR OF RECORD 	DATE <u>8-7-07</u>	In and for <u>Oustagamie</u> County, <u>WI</u>	
NAME OF CONTRACTOR OF RECORD (No Initials) <u>Steven J. Bevers</u>		 (Signature of Notary Public)	
LICENSE NUMBER		My Commission expires: <u>April 10, 2011</u>	

Construction Lien Fund

Before receiving a license under this act a person shall be required to pay the amount required to be paid under the Construction Lien Act, 1980 PA 497, unless the fee has been paid under another license. The \$50 construction lien assessment must be paid before the Board of Mechanical Rules can issue a license. **Do not pay this fee until notified of passage of your examination.**

Certification/Signature

I certify that all information in this application is true and complete and I agree and understand that any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the State of Michigan.

SIGNATURE OF APPLICANT 	DATE <u>8/7/07</u>
---------------------------------------------------------------------------------------------------------------	-----------------------

Joseph Yulga

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signature notarized. Attach extra sheets if necessary.

EMPLOYER NAME <i>Paul Van Zeeke & Heating</i>		DATES EMPLOYED (Month / Day / Year) FROM: <i>3/4/91</i> TO: <i>1/1/03</i>	
ADDRESS		TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Hours per week _____	
CITY <i>Little Chute</i>	STATE <i>WI</i>	ZIP CODE <i>54130</i>	
DESCRIPTION OF WORK PERFORMED (INCLUDE EXPERIENCE IN SPECIFIC WORK CLASSIFICATIONS) <i>Completed an sheetmetal apprenticeship. Worked in field for 8 years and project management 4 years</i>			

EMPLOYER COMPLETE THE FOLLOWING

I hereby certify that the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.
SIGNATURE OF CONTRACTOR OF RECORD	DATE	
NAME OF CONTRACTOR OF RECORD (No Initials)		(Signature of Notary Public) My Commission expires: _____
LICENSE NUMBER	TELEPHONE NUMBER	

Construction Lien Fund

Before receiving a license under this act a person shall be required to pay the amount required to be paid under the Construction Lien Act, 1980 PA 497, unless the fee has been paid under another license. The \$50 construction lien assessment must be paid before the Board of Mechanical Rules can issue a license. **Do not pay this fee until notified of passage of your examination.**

Certification/Signature

I certify that all information in this application is true and complete and I agree and understand that any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the State of Michigan.

SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>8/7/07</i>
----------------------------------------------	-----------------------

Company is no longer in business.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

July 16, 2007

Joseph Yulga
N962 Tower View Dr
Greenville, WI 54942

Dear Mr. Yulga:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Your application does not show documentation of your work experience. Rule 903(1) requires that the applicant have a minimum of three years experience in one or more of the work classifications set forth in the Act. Your application indicates that you do not have three years of experience.

Your application was signed by a contractor who is licensed in a state other than Michigan. Please submit the qualifications for licensure in that state. The qualifications must be from the licensing authority.

If appropriate, return the required information along with this letter to: Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

Sincerely,

David Adams, Assistant Chief
Mechanical Division

DAA/tl

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30255 • LANSING, MICHIGAN 48909
Telephone (517) 241-9325 • Fax (517) 241-9308
www.michigan.gov/bcc

RECEIVED
127
JUL 06 2007

Application for Mechanical Contractor License Examination
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Mechanical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9325
www.michigan.gov/bcc

Application Fee: \$25.00 (nonrefundable)

Authority: 1984 PA 192	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: License will not be issued	

Instructions:

- Complete and sign application. Type or print in ink.
- Application must be received in the Bureau office not less than 20 working days before next scheduled exam.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
 - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and fee to the address above.

CONTRACTOR LICENSE NUMBER - LICENSE UPGRADE ONLY				
71 -				
Applicant Information				
NAME (Last, First, Middle) No Initials				
Yulga, Joseph, Patrick				
ADDRESS	CITY	COUNTY	STATE	ZIP CODE
N962 Tower View Drive	Greenville	Outagamie	WI	54942
SOCIAL SECURITY NUMBER			TELEPHONE NUMBER (Include Area Code)	

Work Classifications (Check work classifications for which you are seeking licensure)

<input checked="" type="checkbox"/> 1. Hydronic heating and cooling and process piping. (Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)	<input type="checkbox"/> 6. Unlimited heating service. (Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.)
<input checked="" type="checkbox"/> 2. HVAC equipment. (Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.)	<input type="checkbox"/> 7. Limited refrigeration and air conditioning service. (Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.)
<input checked="" type="checkbox"/> 3. Ductwork. (Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.)	<input type="checkbox"/> 8. Unlimited refrigeration and air conditioning service. (Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.)
<input type="checkbox"/> 4. Refrigeration. (Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.)	<input type="checkbox"/> 9. Fire Suppression. (Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.)
<input type="checkbox"/> 5. Limited heating service. (Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hour per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.)	<input checked="" type="checkbox"/> 10. Specialty License. (Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the installation and servicing of:) <ul style="list-style-type: none"><input type="checkbox"/> a. Solar.<input checked="" type="checkbox"/> b. Solid fuel.<input checked="" type="checkbox"/> c. LP tank and pipe.<input checked="" type="checkbox"/> d. Underground tank and pipe.<input checked="" type="checkbox"/> e. Gas piping.<input checked="" type="checkbox"/> f. Gas piping and venting.

Trans. Info: 127, 13070060-1 07/05/07
Chk#: 101915 Amt: \$25.00
ID: MIDWEST MECHANICAL CONTRACTORS

Trade School

Have you attended a recognized trade school? ☒ Yes ☐ No

If yes and you are requesting credit, attach a copy of your official transcript and your original diploma or certificate of completion.

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred Site

☐ Lansing Area

☒ Escanaba

Preferred Date

08/28/2007

☐ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE

DATE


Experience Record

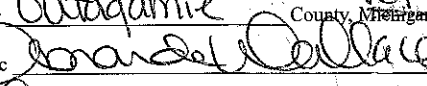
It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME Midwest Mechanical Contractors Corporation		DATES EMPLOYED (Month / Day / Year) FROM: 03/01/2006 TO: Present	
ADDRESS N962 Tower View Drive		TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Industrial Hours per week _____	
CITY Greenville	STATE WI	ZIP CODE 54942	
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications) Commercial HVAC Project Management owner/partner			

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD 	DATE 6/28/07
NAME OF CONTRACTOR OF RECORD (No Initials) Roy Jacobsen	
LICENSE NUMBER 1023943	TELEPHONE NUMBER (include Area Code)

Subscribed and sworn before me, this **28** day of **June**, 20**07**
a Notary Public in and for **Outagamie** County, **WI**
Signature of Notary Public 
My Commission expires: **April 10**, 20**11**


Experience Record

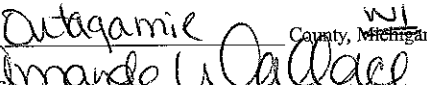
It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME Scheck Mechanical Wisconsin Corporation		DATES EMPLOYED (Month / Day / Year) FROM: 01/03/2002 TO: 03/01/2006	
ADDRESS 1079 Driessen Drive		TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Industrial Hours per week _____	
CITY Kaukauna	STATE WI	ZIP CODE 54130	
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)			

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.

SIGNATURE OF CONTRACTOR OF RECORD 	DATE 6/28/07
NAME OF CONTRACTOR OF RECORD (No Initials) Steve Bevers	
LICENSE NUMBER 133764	TELEPHONE NUMBER (include Area Code)

Subscribed and sworn before me, this **28th** day of **June**, 20**07**
a Notary Public in and for **Outagamie** County, **WI**
Signature of Notary Public 
My Commission expires: **April 10**, 20**11**

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM:	TO:
CITY	STATE	ZIP CODE	TYPE OF WORK PERFORMED	
			<input type="checkbox"/> Residential <input type="checkbox"/> Full-Time	
			<input type="checkbox"/> Commercial <input type="checkbox"/> Part-Time	
			<input type="checkbox"/> Industrial Hours per week _____	
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)				

Employer Complete The Following

I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this _____ day of _____, 20____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20____.
SIGNATURE OF CONTRACTOR OF RECORD	DATE	
NAME OF CONTRACTOR OF RECORD (No Initials)		
LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)	

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I certify all information in this application is true and complete and I agree and understand any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

SIGNATURE OF APPLICANT	DATE
	1/2/07



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

Keith W. Cooley
DIRECTOR

May 1, 2007

M-08-10

TO: Members of the Board of Mechanical Rules
FROM: Tennison B. Barry, Chief, Mechanical Division
SUBJECT: Appeal Request for Examination

APPLICANT REPRESENTATIVE:

Scott W. Tweedale

PROJECT:

Not applicable.

AUTHORITY:

The Forbes Mechanical Contractors Act of 1984 as Amended, being Act 192 of the Michigan Compiled Laws.

REQUEST:

Requesting an appeal to sit for the Mechanical Contractors Licensing Examination.

APPLICABLE RULE:

R 338.903a. Of the Board of Mechanical Rules License Examination Procedures

FINDINGS:

Mr. Tweedale does not have experience as required by Act 192.

RECOMMENDATION:

Staff recommends denial



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

April 30, 2008

Mr. Scott Tweedale
1303 Swan Rd.
DePere, WI 54115

Dear Mr. Tweedale:

On May 14, 2008, the Board of Mechanical Rules will consider your appeal to take the Mechanical Contractor License examination.

If you would like input on this action, you should be present at the Okemos Office Building, 2501 Woodlake Circle, Okemos, Michigan at 9:00 a.m. in Conference Room 3.

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Mechanical Division at 517/241-9325 at least (10) working days before the event.

If I can be of further assistance, you may contact me.

Sincerely,

Tennison B. Barry
Tennison B. Barry, Chief *CT*
Mechanical Division

TBB/cct

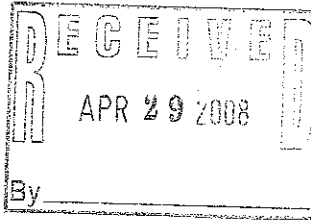
Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30255 • LANSING, MICHIGAN 48909
Telephone (517) 241-9325 • Fax (517) 241-9308
www.michigan.gov/bcc

1740 Eisenhower Drive
P.O. Box 5905
De Pere, WI 54115-5905
920 490 3394 [main]
920 617 3309 [fax]
www.robinsonmetal.com



April 22, 2008



Dear Board of Mechanical Rules

I am writing this letter requesting that my application be considered by the Board of Mechanical Rules as I pursue my Mechanical Contractor's license.

I have been working for Robinson Metal, a locally owned company here in the Green Bay area for over 30 years. As our company is expanding with local general contractors in Wisconsin, we would like to pursue working with these contractors in the Upper Peninsula of Michigan.

I have personally been in the HVAC business since 1980, when I graduated from Western Wisconsin Technical College in La Crosse, Wisconsin. During the past 25 years I have installed and serviced a wide variety of heating and air conditioning equipment in both residential and commercial applications.

Presently I am managing Robinson Metal's Heating and Cooling Division. My job responsibilities have allowed me to hire and develop my staff of 30 employees, increase sales by over 25% the past 5 years, and help improve Robinson's level of sales and service.

Thanks you for considering my application for Mechanical Contractor License. Please contact me with any questions, and I look forward to speaking with you soon.

Best Regards,

Scott W. Tweedale
Division Manager
Robinson Heating & Cooling
1740 Eisenhower Road
De Pere WI 54115

920-490-3394 office

February 25, 2008

Scott Tweedale
1303 Swan Rd
DePere, WI 54115

Dear Mr. Tweedale:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that your application has been denied.

The licensing requirements for the state of Wisconsin are not equivalent to those of the State of Michigan's.

You may wish to send a letter requesting the Board of Mechanical Rules to review your file and/or to appear before the Board to present evidence as to your eligibility for examination.

If you have any questions regarding the information in this letter, please contact this office at the address or phone number below, preferably after 10:00 a.m. on weekdays.

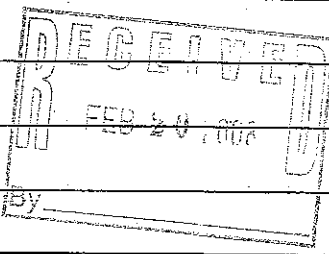
Sincerely,

David Adams, Assistant Chief
Mechanical Division

Scott Tweedale

Experience Record

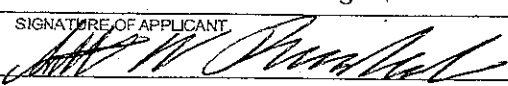
It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signature notarized. Attach extra sheets if necessary.

EMPLOYER NAME			DATES EMPLOYED (Month / Day / Year)	
ADDRESS			FROM:	TO:
CITY	STATE	ZIP CODE	TYPE OF WORK PERFORMED	
			<input type="checkbox"/> Residential	<input type="checkbox"/> Full-Time
			<input type="checkbox"/> Commercial	<input type="checkbox"/> Part-Time
			<input type="checkbox"/> Industrial	<input type="checkbox"/> Hours per week _____
DESCRIPTION OF WORK PERFORMED (INCLUDE EXPERIENCE IN SPECIFIC WORK CLASSIFICATIONS)				
<div style="text-align: center;">  </div>				
EMPLOYER COMPLETE THE FOLLOWING				
I hereby certify that the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.			Subscribed and sworn before me, this _____ day of _____, a Notary Public	
SIGNATURE OF CONTRACTOR OF RECORD		DATE	in and for _____ County, Michigan.	
NAME OF CONTRACTOR OF RECORD (No Initials)			(Signature of Notary Public)	
LICENSE NUMBER	TELEPHONE NUMBER		My Commission expires: _____	

Construction Lien Fund

Before receiving a license under this act a person shall be required to pay the amount required to be paid under the Construction Lien Act, 1980 PA 497, unless the fee has been paid under another license. The \$50 construction lien assessment must be paid before the Board of Mechanical Rules can issue a license. **Do not pay this fee until notified of passage of your examination.**

Certification/Signature

I certify that all information in this application is true and complete and I agree and understand that any falsification of material facts will result in my forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the State of Michigan.	
SIGNATURE OF APPLICANT 	DATE 2-13-08

S&B programs related to the credential. [Elevators](#). [Credentials](#).

Check the status of a credential [online](#).



Fireworks Manufacturer License

Who should have this credential? A person may manufacture fireworks or a listed device in Wisconsin if the person holds a license issued by the department as a licensed fireworks manufacturer. A fireworks manufacturer license shall be obtained and held for each plant where fireworks or listed devices are to be manufactured.

How does the credential vary from others in the field? This credential is for manufacture of fireworks. Retail sales of fireworks is a local municipal administrative affair.

What are the prerequisites for obtaining the credential? A person applying for a license as a fireworks manufacturer shall hold a federal license issued under 18 USC chapter 40 section 843. The person applying for a fireworks manufacturer license shall be the owner of the business, a partner in the business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the corporation.

How does someone apply for the credential? A person applying for the fireworks manufacture license shall submit a completed application and a \$70 four-year license fee.

What is the term of the credential? Four years from date of issuance.

Application form for the credential. [PDF file](#), or fax a request for a specific credential form to 608-783-7400, or email a form request to madisoncred@commerce.state.wi.us.

Is there a continuing education requirement? No.

How will the credential be renewed? A renewal letter will be sent to the credential holder approximately 45 days before the renewal date.

Comm 5 is the Licenses, Registrations, and Certifications Code. Relevant sections for this credential are: Comm 5.001 through 5.12 and Comm 5.21.

Check the status of a credential [online](#).



HVAC Contractor Registration

Who should have this credential? A person, entity or business may engage in installing or servicing heating, ventilating or air conditioning equipment, except as provided in (b), or installing or servicing refrigeration equipment that would release or may release ozone-depleting refrigerant, or sell for reuse

used ozone-depleting refrigerant from refrigeration equipment, if they hold a registration issued by the department as a registered HVAC contractor.

(b)1. A person, entity or business is not required to hold a registration as a registered HVAC contractor to service existing heating, ventilating, or air conditioning equipment or systems within facilities or properties owned by the person or entity. (b)2. A person, entity or business is not required to hold a registration as a registered HVAC contractor for electrical or plumbing work associated with the installation or servicing of HVAC equipment or systems.

How does the credential vary from others in the field? This HVAC contractor registration is valid statewide, except where there is a local requirement for a local HVAC credential. The local requirement can be satisfied with the local credential or someone may obtain the state HVAC Qualifier credential. (See below.)

What are the prerequisites for obtaining the HVAC Contractor registration? The person applying for an HVAC contractor registration shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

How does someone apply for the credential? A person applying for the HVAC Contractor Registration shall submit the appropriate completed application, a \$10 application fee, and a \$100 four-year registration fee.

What is the term of the credential? Four years from date of issuance.

Application form for the credential. [PDF file](#), or fax a request for a specific credential form to 608-783-7400, or email a form request to madisoncred@commerce.state.wi.us.

Is there a continuing education requirement? No.

How will the credential be renewed? A renewal letter will be sent to the credential holder approximately 45 days before the renewal date.

Comm 5 is the Licenses, Registrations, and Certifications Code. Relevant sections for this credential are: Comm 5.001 through 5.12 and Comm 5.70.

S&B programs related to the credential. [Commercial Buildings](#). [Refrigeration](#). [Credentials](#).

Check the status of a credential [online](#).



HVAC Qualifier Certification

Who should have this credential? A person or entity who utilizes a person who holds an HVAC qualifier certification shall be deemed to be a certified HVAC business and may not be required to obtain a local certification, license or other approval in order to engage in the business of installing or servicing heating, ventilating, or air conditioning equipment.

How does the credential vary from others in the field? The HVAC contractor registration (see above)

is valid statewide, except where there is a local requirement for a local HVAC credential. The local requirement can be satisfied with the local credential or someone may obtain the state HVAC Qualifier credential.

What are the prerequisites for obtaining the credential? Pass an exam. A person applying for an HVAC qualifier certification exam shall have one of the following: (a) At least 1000 hours per year for at least four years of experience in supervising or performing the design, installation, servicing or maintenance of HVAC systems or equipment; (b) At least four years of attendance in a school of mechanical engineering or in an accredited college, university, or technical, vocational or apprenticeship school in an HVAC-related program; or (c) Any combination of four years of experience recognized under par. (a) and education recognized under (b).

How does someone apply for the credential? A person applying to take a HVAC qualifier certification exam shall submit a completed application, a \$10 application fee, and a \$20 exam fee. Upon successful passage of the exam an applicant will receive a letter asking them to submit the \$60 certification fee.

What is the term of the credential? Four years from date of issuance.

Application form for the credential. [PDF file](#), or fax a request for a specific credential form to 608-783-7400, or email a form request to madisoncred@commerce.state.wi.us.

What will be on the exam? The open book exam has true/false and multiple choice questions about Comm 20-25, Uniform Dwelling Code; Comm 61-65, Commercial Building Code; Comm 41, Wisconsin Boiler and Pressure Vessel Code; Comm 45, Mechanical Refrigeration Code; 1995 SMACNA HVAC Duct Construction Standards Manual-Metal and Flexible and the 1999 National Fuel Gas Code (NFPA 54, parts 2, 3, and 4). [Index of S&B codes online](#). Paper copies of Wisconsin Administrative Code books may be obtained from [Document Sales](#) 608- 266-3358, or 800-362-7253. For other S&B publications, see state Document Sales Catalog, then choose Department of Commerce on [index page](#) to find the Safety and Buildings documents.

Is there a continuing education requirement? No.

How will the credential be renewed? A renewal letter will be sent to the credential holder approximately 45 days before the renewal date.

Comm 5 is the Licenses, Registrations, and Certifications Code. Relevant sections for this credential are: Comm 5.001 through 5.12 and Comm 5.71.

S&B programs related to the credential. [Commercial Buildings](#). [Refrigeration](#). [Credentials](#).

Check the status of a credential [online](#).



Journeyman Automatic Fire Sprinkler Fitter License

Who should have this credential? A person may install, maintain, or repair automatic fire sprinkler systems if they hold a license or registration issued by the department as a licensed automatic fire sprinkler contractor, a licensed journeyman sprinkler fitter, a registered automatic fire sprinkler system apprentice, a registered automatic fire sprinkler contractor-maintenance, or a registered automatic fire sprinkler fitter-maintenance.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

KEITH W. COOLEY
DIRECTOR

February 6, 2008

Scott Tweedale
1303 Swan Rd
DePere, WI 54115

Dear Mr. Tweedale:

The Mechanical Division has received your application for Mechanical Contractor Licensing Examination. Upon review, it has been determined that the following information is required before you can be scheduled for examination:

Your application was signed by a contractor who is licensed in a state other than Michigan. Please submit the qualifications for licensure in that state. The qualifications must be from the licensing authority.

Your application was not signed. Rule 902(5) requires that incomplete applications be returned to the applicant. Please sign and return the enclosed application.

Return the required information along with this letter to: Department of Labor & Economic Growth, Bureau of Construction Codes, Mechanical Division, P.O. Box 30254, Lansing, Michigan 48909. If we do not receive a response within 15 days from the date of this letter, your application for examination will be denied in accordance with Rule 902(5) and (6).

If you have any questions regarding the information in this letter, please contact this office at 517/241-9325, preferably after 10:00 a.m. on weekdays.

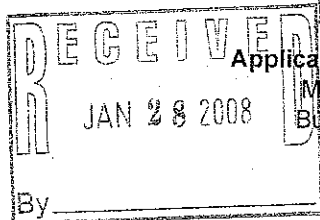
Sincerely,

David A. Adams, Assistant Chief
Mechanical Division

DAA/tml

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES
P.O. BOX 30255 • LANSING, MICHIGAN 48909
Telephone (517) 241-9325 • Fax (517) 241-9308
www.michigan.gov/bcc



Application for Mechanical Contractor License Examination

127

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Mechanical Division
P.O. Box 30255, Lansing, MI 48909

517-241-9325

www.michigan.gov/bcc

Trans Info: 127 13591272-1 01/25/08
CNA: 631236 Amt: \$25.00
TO: ROBINSON METAL INC

Application Fee: \$25.00 (nonrefundable)

Authority: 1984 PA 192
Completion: Mandatory
Penalty: License will not be issued

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign application. Type or print in ink.
- Application must be received in the Bureau office not less than 20 working days before next scheduled exam.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
 - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application and fee to the address above.

Applicant Information

CONTRACTOR LICENSE NUMBER - LICENSE UPGRADE ONLY

71 -

NAME (Last, First, Middle) No initials

DATE OF BIRTH

Tweedale Scott William

ADDRESS

CITY

COUNTY

STATE

ZIP CODE

1503 Swan Rd

De Pere

Brown

Wisc

54115

SOCIAL SECURITY NUMBER

Work Classifications (Check work classifications for which you are seeking licensure)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> 1. Hydronic heating and cooling and process piping.
(Means the application of equipment and systems which provide air conditioning by the controlled forced circulation of fluids or vapors in pipes.)</p> <p><input checked="" type="checkbox"/> 2. HVAC equipment.
(Means the application of equipment and systems to provide air conditioning for occupants of buildings and structures. HVAC does not include the installation of portable self-contained refrigeration equipment and window type air conditioners of not more than 1 1/2 horsepower.)</p> <p><input checked="" type="checkbox"/> 3. Ductwork.
(Means the air distribution arrangement for supply, return and exhaust in air conditioning systems and in non-air conditioning systems, the materials and methods of which are specified in the Michigan Mechanical Code. Ductwork includes flues, vents and chimneys.)</p> <p><input type="checkbox"/> 4. Refrigeration.
(Means the use of equipment and systems including refrigeration piping, employing the refrigeration cycle to generate low temperatures for other than air condition equipment and systems. Refrigeration includes such equipment and systems as supermarket refrigeration, industrial refrigeration, the preservation of biological materials and food storage facilities. Refrigeration does not include the installation of portable self-contained units such as refrigerators, dehumidifiers and other similar equipment of not more than 1.5 horsepower or other equipment exempted from the Michigan Mechanical Code.)</p> <p><input checked="" type="checkbox"/> 5. Limited heating service.
(Means the servicing of gas-designed sectional boilers having inputs of not more than 1 million Btu's, utilizing a combustion safeguard designed to shut off the main gas supply 10 or less seconds after pilot flame failure, and all other gas-fired or solid fuel equipment and systems limited to input ratings of less than 400,000 Btu's per unit; or oil-fired equipment and systems designed for the use of number 1 or number 2 fuel oil, having a maximum firing rate of less than five gallons per hour per unit; or electrical furnaces and electric boilers using the same kilowatts that are equivalent to the fossil fuel British thermal units generated.)</p> | <p><input type="checkbox"/> 6. Unlimited heating service.
(Means the servicing of heating equipment and systems without restrictions concerning thermal capacity or grade of fuel oil or type of fuel.)</p> <p><input checked="" type="checkbox"/> 7. Limited refrigeration and air conditioning service.
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited capacity utilizing group one refrigerants as listed in the Michigan Mechanical Code.)</p> <p><input type="checkbox"/> 8. Unlimited refrigeration and air conditioning service.
(Means the servicing of refrigeration equipment and systems and air conditioning equipment and systems employing the refrigeration cycle unlimited as to thermal capacity or type of refrigerant.)</p> <p><input type="checkbox"/> 9. Fire Suppression.
(Means the integrated combination of a fire alarm system and fire suppression equipment which as a result of predetermined temperature, rate of temperature rise, products of combustion, flame, or human intervention will discharge a fire extinguishing substance over a fire area.)</p> <p><input type="checkbox"/> 10. Specialty License.
(Means a license to perform work within limits established by the board in one of the work classifications set forth below, for the installation and servicing of:)</p> <ul style="list-style-type: none"><input type="checkbox"/> a. Solar.<input type="checkbox"/> b. Solid fuel.<input type="checkbox"/> c. LP tank and pipe.<input type="checkbox"/> d. Underground tank and pipe.<input type="checkbox"/> e. Gas piping.<input type="checkbox"/> f. Gas piping and venting. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Trade School

Have you attended a recognized trade school? ☒ Yes ☐ No

If yes and you are requesting credit, attach a copy of your official transcript and your original diploma or certificate of completion.

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred Site

☒ Lansing Area

☐ Escanaba

Preferred Date

3-11-08

☐ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted a felony or misdemeanor? ☐ Yes ☒ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☒ No

2. Are you currently on probation / parole? ☐ Yes ☒ No

3. If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

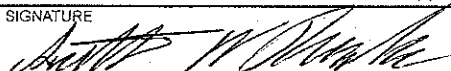
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE



DATE

1-9-08

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME <i>Robinson Heating & Cooling</i>		DATES EMPLOYED (Month / Day / Year) FROM: <i>10-6-97</i> TO: <i>Present</i>	
ADDRESS <i>1740 Eisenhower Dr.</i>		TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input type="checkbox"/> Industrial Hours per week <i>45</i>	
CITY <i>De Pere</i>	STATE <i>WI</i>	ZIP CODE <i>54115</i>	
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications) <i>Installation of forced air heating and cooling system in replacement Application and new construction Installation of boiler in Residential and new construction Install of RTU's and TFR units on commercial projects. Installation of indoor heating. Service in Residential and Commercial applications</i>			
Employer Complete The Following			
I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this <i>27</i> day of <i>June</i> , 20 <i>07</i>	
SIGNATURE OF CONTRACTOR OF RECORD <i>Todd J. Robinson</i>		a Notary Public in and for <i>Brown</i> County, Michigan.	
DATE <i>1-9-08</i>		Signature of Notary Public <i>Ryan P. Hume</i>	
NAME OF CONTRACTOR OF RECORD (No Initials) <i>Robinson Heating / Cooling</i>		My Commission expires: <i>June 26th</i> , 20 <i>11</i>	
LICENSE NUMBER <i>4130</i>	TELEPHONE NUMBER (Include Area Code) <i>920-490-3394</i>		

Experience Record

It is necessary to show a minimum of 3 years experience in one or more of the work classifications. List your present employer first. Describe the type of work performed in detail to enable the reviewer to correctly evaluate your qualifications. Describe the work classifications you have had experience in and the length of time you performed the work. Have each contractor of record certify your dates of employment and have their signatures notarized. Attach extra sheets if necessary.

EMPLOYER NAME		DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS		TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Full-Time <input type="checkbox"/> Commercial <input type="checkbox"/> Part-Time <input type="checkbox"/> Industrial Hours per week	
CITY	STATE	ZIP CODE	
DESCRIPTION OF WORK PERFORMED (Include experience in specific work classifications)			
Employer Complete The Following			
I hereby certify the applicant was in my employ during the period stated and the applicant's description of experience on this application is accurate.		Subscribed and sworn before me, this _____ day of _____, 20 ____	
SIGNATURE OF CONTRACTOR OF RECORD		a Notary Public in and for _____ County, Michigan.	
DATE		Signature of Notary Public _____	
NAME OF CONTRACTOR OF RECORD (No Initials)		My Commission expires: _____, 20 ____	
LICENSE NUMBER	TELEPHONE NUMBER (Include Area Code)		

Customer Service Center
Safety and Buildings Division
201 W Washington Ave, 4th floor
PO Box 7082
Madison WI 53707-7082
Phone: (608) 261-8500
TTY: (608) 264-8777
Fax: (608) 267-0592

TODD JEFFREY ROBINSON
ROBINSON METAL INC ROBINSON HEATING
1740 EISENHOWER DR PO BOX 5905
DE PERE WI 54115

This is your Certification, License, or Registration Card.

Id: 4130 ROBINSON METAL INC ROBINSON HEATING & COOLING	
Certification, License, or Registration Name	Expires
HVAC Contractor Registration	07/20/10
Wisconsin Department of Commerce Signature: <i>Todd J. Robinson</i>	

Cut around the card to remove it. Sign the card.

The card should be signed by the applicant. If desired, you may apply a protective plastic laminate (available at some stores) to the card. Present the card to whomever requests proof of issuance.

This card should indicate other Department of Commerce certifications, licenses, or registrations currently held. Destroy all previous cards that have a certification, license, or registration category which also appears on this card. Please review categories specified on the card. If errors or discrepancies are found, please contact the Customer Service Center (CSC), 608-261-8500. Be prepared to give the CSC representative the Id number printed on the card. The CSC should also be notified of changes in addresses as they occur. Notification to the CSC of address changes is the responsibility of the certification, license, or registration holder.

A renewal notice will be sent to the last address on file with the CSC at least 30 days before the expiration date of each certification, license, or registration indicated on the card. Renewals are contingent upon compliance with the requirements specified in Comm 5, Wisconsin Administrative Code.

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.



Building Inspection Division
City Hall, Room 403

P. Robert Strong
Planning Director

Thursday, March 15, 2007

TODD J ROBINSON
ROBINSON METAL INC.
PO BOX 5905
DE PERE, WI 54115


RE: License # : 0946
Date Paid : 3/15/2007
Expires : 4/30/2008

Attached is your HVAC Contractor's license card. The holder of this receipt has complied with all requirements, passed the necessary examination, and is entitled to the classification of HVAC contractor.

Cut around the form to remove the card. If desired, you may apply a protective plastic laminate (available at most stores) to the card.

A renewal will be sent to the last address on file approximately 30 days before the expiration date. If there is an address change, please contact 448-3300.

:dmr

		City of Green Bay	
		HVAC Contractor License	
		TODD J ROBINSON	
Lic.# : 0946		Expires: 2008	Cred.# : ****
Category		Description	
HVAC - WET HEAT			
HVAC - WARM AIR HEAT			
HVAC - CENTRAL AIR CONDITIONING			
HVAC - ELECTRIC HEAT			
HVAC - SERVICE ONLY			